

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	06/28/
1	
2	0
3	0
4	0
5	✓
6	✓
7	✓
8	0
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10	✓
11	✓
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17	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy